

FINANCIAL AFFIDAVIT			
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN THE CASE OF	IN UNITED STATES	<input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)	LOCATION NUMBER
_____ V.S. _____	FOR _____	AT _____	<div style="border: 1px solid black; padding: 5px;"> DOCKET NUMBERS Magistrate <u>GM-1057-JG</u> District Court Court of Appeals </div>
PERSON REPRESENTED (Show your full name)	<div style="border: 1px solid black; padding: 5px;"> 1 <input type="checkbox"/> Defendant--Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other </div>		
CHARGE/OFFENSE (describe if applicable & check box →)		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now employed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed	
	Name and address of employer:	_____	
	IF YES, how much do you earn per month? \$	_____	IF NO, give month and year of last employment <u>1-03-99</u> How much did you earn per month? \$ <u>1200</u>
OTHER INCOME	IF married is your Spouse employed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	IF YES, how much does your Spouse earn per month? \$	_____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ASSETS	RECEIVED	SOURCES	
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	\$ _____ _____ _____	
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE	DESCRIPTION
	_____	_____	_____

DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them	
	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	1	<u>SON</u> _____ _____	
OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	Creditors	Total Debt	Monthly Paymt.
	APARTMENT OR HOME:	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

4/1/04SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)Shawn Sandler